

FORM PTO-1449
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
LUG-33134A
APPLICATION NO.
Not Yet Known
APPLICANT
ANTONCIC ET AL.
FILING DATE
Herewith

10/552562

Group

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
AM	97/03960	2/6/97	WO			<input type="checkbox"/>	<input type="checkbox"/>
AN	00/71116	11/30/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
AO	01/42209	6/14/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
AP	02/057228	7/25/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
AQ	02/059087	8/1/02	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AR	
AS	
AT	

EXAMINER /Sun Jae Loewe/

DATE CONSIDERED 10/21/2008

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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JC05 REC PCT/PTO 11 OCT 2005

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
CA		03/018547	3/6/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
CB		03/068739	8/21/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
CC		03/093233	11/13/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
CD							<input type="checkbox"/>	<input type="checkbox"/>
CE							<input type="checkbox"/>	<input type="checkbox"/>
CF							<input type="checkbox"/>	<input type="checkbox"/>
CG							<input type="checkbox"/>	<input type="checkbox"/>
CH							<input type="checkbox"/>	<input type="checkbox"/>
CI							<input type="checkbox"/>	<input type="checkbox"/>
CJ							<input type="checkbox"/>	<input type="checkbox"/>
CK							<input type="checkbox"/>	<input type="checkbox"/>
CL							<input type="checkbox"/>	<input type="checkbox"/>
CM							<input type="checkbox"/>	<input type="checkbox"/>
CN							<input type="checkbox"/>	<input type="checkbox"/>
CO							<input type="checkbox"/>	<input type="checkbox"/>
CP							<input type="checkbox"/>	<input type="checkbox"/>
CQ							<input type="checkbox"/>	<input type="checkbox"/>
CR							<input type="checkbox"/>	<input type="checkbox"/>
CS							<input type="checkbox"/>	<input type="checkbox"/>
CT							<input type="checkbox"/>	<input type="checkbox"/>
CU							<input type="checkbox"/>	<input type="checkbox"/>
CV							<input type="checkbox"/>	<input type="checkbox"/>
CW							<input type="checkbox"/>	<input type="checkbox"/>
CX							<input type="checkbox"/>	<input type="checkbox"/>
CY							<input type="checkbox"/>	<input type="checkbox"/>
CZ							<input type="checkbox"/>	<input type="checkbox"/>
EXAMINER	/Sun Jae Loewe/			DATE CONSIDERED	10/21/2008			

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